## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

SP01-276

| CLAIMS AS FILED - PART I |                     |                                           |                                     |                                |                     |                   |                | SMALL ENTITY |                        |              | OTHER THAN          |                        |  |
|--------------------------|---------------------|-------------------------------------------|-------------------------------------|--------------------------------|---------------------|-------------------|----------------|--------------|------------------------|--------------|---------------------|------------------------|--|
| _                        |                     |                                           | (Column 1)                          |                                | (Colu               | (Column 2)        |                | TYPE         |                        | OR           | SMALL               |                        |  |
| TOTAL CLAIMS             |                     |                                           | 37                                  |                                |                     |                   |                | ΓE           | FEE                    | 1            | RATE                | FEE                    |  |
| FOR                      |                     |                                           | NUMBER FILED                        |                                | NUMBER EXTRA        |                   | BASIC          | FEE          | 355.00                 | OR           | BASIC FEE           | · 710.00               |  |
| TOTAL CHARGEABLE CLAIMS  |                     |                                           | 3 7 minus 20=                       |                                | . 17                |                   | X\$            | 9=           |                        | OR           | X\$18=              | 306                    |  |
| INDEPENDENT CLAIMS       |                     |                                           | minus 3 =                           |                                | * /                 |                   | X40            | )=           |                        | OR           | X80=                | 80                     |  |
| MU                       | LTIPLE DEPEN        | IDENT CLAIM P                             | RESENT                              |                                |                     |                   | +13            | 5=           |                        | OR           | +270=               | 0                      |  |
| * If                     | the difference      | in column 1 is                            | less than zero, enter "0" in columr |                                |                     | olumn 2           | TOT            | AL           |                        | OR           | TOTAL               | 1096                   |  |
|                          | С                   | LAIMS AS A                                | MENDED - PART II                    |                                |                     |                   |                |              |                        | 1            | OTHER               |                        |  |
|                          |                     | (Column 1)                                |                                     | (Column 2) (Column 3)          |                     |                   | SMA            | LL I         | ENTITY                 | OR           | SMALL               |                        |  |
| AMENDMENT A              |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | •                                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA  | RAT            | E            | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                          | Total               | *                                         | Minus                               | **                             |                     | =                 | X\$ 9          | 9=           |                        | OR           | X\$18=              |                        |  |
|                          | Independent         | TATION OF MI                              | Minus                               | ***                            | CLAINA              | =                 | X40            | =            |                        | OR           | X80=                |                        |  |
| <b>-</b>                 | rinoi rheoe         | INTATION OF MI                            | JLIIFLE DE                          | PENDENT                        | CLAIIVI             |                   | +139           | 5=           |                        | OR           | +270=               |                        |  |
|                          |                     |                                           |                                     |                                |                     |                   |                | TAL          |                        | OR           | TOTAL               |                        |  |
|                          |                     | (Column 1)                                |                                     | (Colur                         | mn 2)               | (Column 3)        | ADDIT.         | FEE          |                        | ΟI1 <i>,</i> | ADDIT. FEE          |                        |  |
|                          |                     | CLAIMS                                    | 2                                   | HIGH                           |                     | (Column 3)        |                |              | ADDI                   |              |                     | 4551                   |  |
| AMENDMENT B              |                     | REMAINING<br>AFTER<br>AMENDMENT           |                                     | NUMI<br>PREVIO<br>PAID         | DUSLY               | PRESENT<br>EXTRA  | RAT            | Ε            | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                          | Total               | *                                         | Minus                               | **                             |                     | =                 | X\$ 9          | =            |                        | OR           | X\$18=              |                        |  |
|                          | Independent         | * INTATION OF MU                          | Minus                               | ***                            | CLAINA              | =                 | X40            | =            |                        | OR           | X80=                |                        |  |
|                          | THOTFHESE           | INTATION OF IM                            | JETIFEE DEI                         | CNDENT                         | CLATIVI             |                   | +135           | j=           |                        | OR           | +270=               |                        |  |
|                          |                     |                                           |                                     |                                |                     |                   | TO<br>ADDIT. I | TAL          |                        | OR .         | TOTAL<br>ADDIT. FEE |                        |  |
|                          |                     | (Column 1)                                |                                     | (Colun                         | nn 2)               | (Column 3)        | 7,0011.1       |              |                        |              | NODII.I EE          |                        |  |
| AMENDMENT C              |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | CONTRACTOR                          | HIGH<br>NUMI<br>PREVIC<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA  | RAT            | E            | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                          | Total               | *                                         | Minus                               | **                             |                     | =                 | X\$ 9          | =            |                        | OR           | X\$18=              |                        |  |
|                          | Independent         | *                                         | Minus                               | ***                            |                     | =                 | X40:           | _            |                        |              | X80=                |                        |  |
|                          | FIRST PRESE         | NTATION OF M                              | JLTIPLE DEPENDENT                   |                                | CLAIM               |                   |                |              |                        | OR           | 700-                |                        |  |
| • 1                      | f the entry in colu | mn 1 is less than th                      | ne entry in colu                    | ımn 2 write                    | "O" in col          | umn 3             | +135           |              |                        | OR           | +270=               |                        |  |
| **                       | f the "Highest Nu   | mber Previously Pa<br>imber Previously Pa | aid For" IN TH                      | S SPACE is                     | s less tha          | n 20, enter "20." | TO<br>ADDIT. F | EE .         |                        | OR ,         | TOTAL<br>ADDIT. FEE |                        |  |
|                          |                     | nber Previously Pai                       |                                     |                                |                     |                   | found in the   | e app        | ropriate box           | in colu      | umn 1.              |                        |  |